

**REQUEST FOR RETIRED RECORDS
OR INFORMATION**

1. TYPE OF REQUEST

☐ PERMANENT RECALL☐ LOAN☐ REQUEST FOR INFORMATION**INSTRUCTIONS** - Submit copies 1 & 2 to the appropriate Federal Records Center. Use a separate form for each record requested. Complete all pertinent entries.

TO	National Archives and Records Administration Federal Records Center	FROM	Department of Veterans Affairs		
2. RECORD RETIRED FROM (<i>Name of station</i>)		3. YEAR RECORD RETIRED	4. ACCESSION NO.	5A. VA BOX NO.	5B. FARC (SHELF) LOCATION NO.
6. NAME OF VETERAN		7. SERVICE NO.	8. SEND REPLY TO (<i>If different from Veterans Affairs</i>) - DO NOT USE FOR RECALL OF VA EMPLOYEE MEDICAL RECORDS		

9. REASON FOR REQUEST

ITEM	(X)	FOLDER	RECORD REQUESTED	ITEM	(X)	RECORD REQUESTED	
10		R&E FOLDER	FILE NO.	18A		X-RAY FILM	
						ENTRANCE	DATE
11		DEA FOLDER	FILE NO.	18B		DATE	BRANCH OF SERVICE
						SEPARATION	
12		OAN GUARANTY FOLDER	LOAN NO.	18C		OTHER	X-RAY FILM DESIRED
							NAME OF HOSPITAL OR CLINIC
13		OUTPATIENT TREATMENT FOLDER					PERIOD HOSPITALIZED OR DATE TREATED
14		MEMBER TREATMENT FOLDER		19A		VA	MEDICAL RECORDS
15		MEMBER CORRESPONDENCE FOLDER					RECORD IDENTIFICATION NO.
16		USGLI- INSURANCE FOLDER	INSURANCE FILE NO.	19B		VA BENEFICI- ARY TREATED IN OTHER THAN VA HOSPITAL	NAME OF HOSPITAL
							PERIOD HOSPITALIZED
17		NSLI- INSURANCE FOLDER	INSURANCE FILE NO.				

20. REQUEST FOR OTHER RECORDS, EXTRACT, COPY, INFORMATION; OR ADDITIONAL DESCRIPTION OF RECORDS - USE THIS ITEM TO RECORD NAME & ADDRESS OF DESIGNATED MEDICAL MANAGER FOR RECALL OF VA EMPLOYEE MEDICAL RECORDS RETIRED PRIOR TO SEPTEMBER 1, 1984.

21. SIGNATURE AND TITLE OF AUTHORIZING OFFICIAL

22. DATE

FOR USE BY FEDERAL RECORDS CENTER

23. REPLY

☐ RECORD ATTACHED☐ NO RECORD☐ SEE "REMARKS" FOR INFORMATION☐ CANNOT IDENTIFY (*Furnish more data*)24. REMARKS (*Continue on reverse*)

25. SIGNATURE AND TITLE

26. DATE